

# RECEIVED CENTRAL FAX CENTER

MAY 2 6 2006

## North America Intellectual Property corporation

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX:806-498-6673

e-mail:winstonhsu@naipo.com

Customer No.:27765

Fax To: Mandala, Victor A

Art Unit: 2826

TEL: (571) 272-1918

Fax: (571) 273-8300

From: Winston Hsu, PATENT AGENT, REG. NO.: 41,526

Serial No.: 10/711,794

Attorney Docket No.: OSEP0009USA

Subject: Resubmit Response to the Office action mailed on

01/27/2006

**TOTAL PAGES: 20 PAGES (INCLUDING COVER PAGE)** 

Winston Hsu <u>05/26/2006</u>

#### RESUBMIT

#### RESPONSE TO OFFICE ACTION MAILED ON 01/27/2006

Dear Sir.

The applicant submitted this response at 02:35 PM on 05/26/2006 Taiwan time. But the auto-reply from USPTO's fax machine was never received. As a result, the applicant hereby resubmits this response. Please accept and consider it. Thank you.

### RECEIVED CENTRAL FAX CENTER

MAY 2.6 2006

PTO/SB/21 (09-84)

Approved for use through 07/31/2006. OM8 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL			Application Number 10/711,794										
			Filing Date	10/06/	10/06/2004								
FORM				First Named Inventor	Kuo-Y	Kuo-Yang Sun							
				Art Unit	2826	2826							
(to be used for all correspondence after initial filing)			l filing)	Examiner Name	Manda	Mandala, Victor A							
Total Number of Pages in This Submission			19	Attorney Docket Number   OSEP00			009USA						
ENCLOSURES (Check all that apply)													
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(a)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53			Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD			After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):							
		SIGNA	TURE O	F APPLICANT, ATTO	RNEY, O	RAG	ENT						
Firm Name	North	America Intelle	ctual Proj	perty Corporation									
Signature	616	enton the	٠.د										
Printed name	Winsto	on Hsu											
Date 5/26/2006		Reg. No. 41,52					6						
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimite transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:													
Signature		Comme -	سنت										
Typed or printed name		Brenda Lin					Date	5/26/2006					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO is process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestations for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04/2)

## RECEIVED CENTRAL FAX CENTER

MAY 2,6 2006

Under the Pape	nyork Reduction Act of	1995 no persons are	required to re	U,S. Pate	nt and Tradema on of information	nik Office; U.S. DE on unless it display	in 07/31/2008, OMB 0651-003 EPARTMENT OF COMMERC /s it valid OMB control numbe			
1	Effective on 12 Othe Consolidated Appr	MB/2004	1	Complete If Known						
				Application Nu		711,794				
	ETRAN		AL	Filing Date	10.	/06/2004				
	For FY	2005		First Named Inventor Kui		uo-Yang Sun				
Applicant	claims small entity st	alua Con 27 OCD	1 27	Examiner Name Ma		landala, Victor A				
			1.27	Art Unit 282		26				
	NT OF PAYMENT	(\$) 0.00		Attorney Docke	t No. OS	EP0009US/	\			
METHOD OF	PAYMENT (chec	( all that apply)					With With party			
Check [	Credit Card	Money Order	Non	a Cuber	alasas ids vic					
Denosit A	CCOUNT Deposit Ac	•			please identify					
For the a	sbove-identified depo	sit account the Dire	ctor is herel	by authorized to:	(check all the	nt annie)	licerual Property Corporation			
J	harge fee(s) indicate									
	harge any additional		anic at fact				ept for the filing fee			
رر لـــــا	ider 37 CFR 1 16 an	d 1 12		Cied:	t any overpay					
information and a	ation on this form ma uthorization on PTO-2	/ become public. Cred 138.	lit card infon	mation should not	be included o	n this form. Prov	ide credit card			
FEE CALCUL	ATION									
1. BASIC FIL	ING. SEARCH, AI	ND EXAMINATIO	N FEES							
	FILIN	IG FEES Small Entity	SEAR	CH FEES		TION FEES				
Application	Type	Foo (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	001	100	50	130	65	•			
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300	***************************************			
Provisional	200	001	0	0	0	0				
2. EXCESS ( Fee Description	CLAIM FEES						Small Entity			
	en over 20 (including	Reissnes)				Fee (\$) 50	Fee (\$) 25			
Each indepe	ndent claim over		ues)			200	100			
Multiple de	cendent claims	-	-			360	180			
Total Claims Extra Claims Fee (\$)			Fee f	aid (\$)		Multiple Dependent Claims				
	O or HP =	for if greater then 20	=			Fee (\$)	Fee Paid (\$)			
Indep, Claims	Extra Cl		Fee P	aid (\$)						
HP < highest num	or HP =ber of independent clair	the paid for, if preater the	_ =	····						
3. APPLICATI	ON SIZE FEE									
If the specific	ation and drawings	exceed 100 sheet	s of paper	(excluding ele	ctronically	filed sequence	or computer			
HSTINGS UN	der 37 CFR 1.52(e	)), the application	size fee d	ue is \$250 (\$1.	25 for small	entity) for each	ch additional 50			
Total Sheet	raction thereof.	ree 35 U.S.C. 4118	uper of eac	h additional 50	of s). or fraction ti	hersof Fee (	\$) Fee Paid (\$)			
	100 =	/50	(	round up to a w	nole number)	×	_ P			
4. OTHER FEE( Non-English	/	130 fee (no small	l antitudia	count)			Foes Paid (\$)			
	late filing surcharg		i entity uts	wan,						
	son com E									
gnature	/ · · · · · ·		Re	gistration No.						
ame (Print/Trans)	arenton !			somev/Agent)	41,526	Telephone	3027291562			

This collection of Information is required by 37 CFR 1.138, The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

3027291562

### RECEIVED **CENTRAL FAX CENTER**

MAY **2.6** 2006

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995—no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004.
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/711,794 Application Number TRANSMITTAL 10/06/2004 Filing Date For FY 2005 Kuo-Yang Sun First Named Inventor Mandala, Victor A Examiner Name \_\_\_ Applicant claims small entity status. See 37 CFR 1.27 2826 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 0.00 OSEP0009USA Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Credit Card None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fees Paid (\$) Fop (\$) Fee (\$) Foo (\$) Fee (5) Fee (\$) Utility 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 Ò 0 0 0 EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Fee Paid (\$) Multiple Dependent Claims Extra Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Fee (\$) Fee Paid (\$) HP < highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR I 16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof (round up to a whole number) 150 4. OTHER FEE(S) Foes Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. Signature Telephone

Name (Print/Type) Winston Hsu Date 5/26/2006 This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sont to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attorney/Agent)

alanton topos

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.